

Discrimination Suit

2/15/24

United States Courts
Southern District of Texas
FILED

February 21, 2024

Nathan Ochsner, Clerk of Cou

4:24cv0673

Jacqueline Quinn
12811 A Foxton Rd
Houston, TX 77048

VS
UPS - United Parcel Service
7110 Nakawa Rd
Houston Texas 77033

I am filing this suit because UPS discriminated against me with my disability.

- 1) Failed to accommodate me in a timely manner
- 2) Terminated removed my position while on leave without proper notice
- 3) Fraudulently listed payroll time which caused failed FMLA.
- 4) Caused undue hardship and physical & mental stress

I pray the court would help resolve this matter.

Jacqueline Quinn
12811 A Foxton Rd
Houston, TX 77048

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION		Charge Presented To:	Agency(ies) Charge No(s):
<p>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>		EEOC FEPA	460-2022-07315
Texas Workforce Commission Civil Rights Division			and EEOC
<p><i>State or local Agency, if any</i></p>			
<p>Name (indicate Mr., Ms., Mrs.) Ms. Jacqueline Quinn</p>		Home Phone (713) 632-2436	Year of Birth
<p>Street Address 12811 Foxton Rd A HOUSTON, TX 77048</p>			
<p>Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)</p>			
<p>Name UPS-UNITED PARCEL SERVICES</p>		No. Employees, Members 501+ Employees	Phone No.
<p>Street Address 7110 MYKAWA RD HOUSTON, TX 77033</p>			
<p>Name</p>		No. Employees, Members	Phone No.
<p>Street Address</p>		City, State and ZIP Code	
<p>DISCRIMINATION BASED ON</p> <p>Disability, Retaliation</p>		<p>DATE(S) DISCRIMINATION TOOK PLACE</p> <p>Earliest 08/01/2021</p> <p>Latest 06/08/2022</p> <p>Continuing Action</p>	

THE PARTICULARS ARE (*If additional paper is needed, attach extra sheet(s):*)

1)I began my employment with this employer on January 16, 2018, as a Pre-loader. I am currently in the position of Reloader. I am filing this charge due to discrimination based on my disability, retaliation and the employers failure to accommodate which caused a financial hardship on me.2)In June of 2020, I was granted an accommodation and placed in the position of Air Walker. Beginning in August of 2021, I began a medical leave of absence. Although the Air Walker positions were eliminated, under our union agreement, my position should have remained open until I returned. 3)I returned to work on December 5, 2021, in a different position. I took another medical leave of absence due to surgery. I was released to return to work on June 8, 2022. I verbally informed company officials that I was scheduled to return. I presented the documents on June 7, 2022. I reported to work to find out that my position of Air Walker was eliminated. I did not receive any notification from the company regarding the elimination of the position.4)My payroll has been miscoded and as a result I lost pay and benefits. My employer failed to accommodation me in a timely manner and created undue hardship financially, mentally and physically. 5)I currently feel retaliated against because I have never been taken



Retirement Services

4/6/2024 2:25 PM
**UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT PROGRAMS
BOYERS, PA 16017**

Annuity Statement

Name of Annuitant JACQUELINE QUINN
12811 FOXTON RD A HOUSTON TX 77048

Date Printed Jan 17, 2024
Annuitant Claim Number [REDACTED]

Payment Dated: Dec 1, 2023

The following information is provided in response to your request for verification of your retirement benefits under the Civil Service Retirement System or the Federal Employees Retirement System.

Deductions/Additions		
Code	Description	Amount
	Gross Amount of Annuity	\$1,596.00
112	Blue Cross/Blue Shield Service Benefit Plan-Basic	-\$515.48
25	Standard Optional Life Insurance Adjustment	-\$3.90
18	Additional Optional Fegli (Option B)	-\$76.05
19	Family Plan FEGLI (Option C)	-\$14.40
46	Basic LI Premium Until 65 (if ret after 1/1/90)	-\$14.21
42	Federal Dental Insurance	-\$84.05
43	Federal Vision Insurance	-\$23.90
20	Checking/Saving Allotment Deduction	-\$100.00
20	Checking/Saving Allotment Deduction	-\$100.00
	Net Amount of Annuity	\$664.01

The annuity of a retired member terminates on the day the member dies or the date of other terminating events provided by title 5, U.S. Code, Section 8345(c), et seq.

Sincerely,

Nicholas Ashenden

Nicholas Ashenden
Deputy Associate Director
Retirement Operations

400-2022-01315

TEXAS HEALTH AND HUMAN SERVICES
P O BOX 149029
AUSTIN, TEXAS 78714-9029



Date: 11/06/2023

Case Number: 1014179896

Need help?

Call 2-1-1 or 1-877-541-7905

If you have a hearing or speech disability,
call 7-1-1 or any relay service.
All numbers are free to call.

MS. JACQUELINE QUINN
12811 FOXTON RD
HOUSTON TX 77048-4527

Notice about your case:

SNAP Food Benefits

EDG number: 532118041

Who gets SNAP Food Benefits		
Name	Date	Monthly Amount
Jacqueline Quinn	12/01/2023 - 05/31/2024	\$ 23.00
Notes		
Your SNAP benefits will be available by the 27th of each month. (If this is your first time getting benefits, you may get them early for the first few months.)		



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Houston District Office
1919 Smith Street, 6th Floor
Houston, TX 77002
(346) 327-7700
Website: www.eeoc.gov

DETERMINATION AND NOTICE OF RIGHTS

(This Notice replaces EEOC FORMS 161, 161-A & 161-B)

Issued On: 11/17/2023

To: Ms. Jacqueline Quinn
12811 Foxton Rd A
HOUSTON, TX 77048
Charge No: 460-2022-07315

EEOC Representative and email: CHRISTOPHER FUENTES
Federal Investigator
christopher.fuentes@eeoc.gov

DETERMINATION OF CHARGE

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

NOTICE OF YOUR RIGHT TO SUE

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice**. Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign-in to the EEOC Public Portal and upload the court complaint to charge 460-2022-07315.

On behalf of the Commission,

Digitally Signed By:Rayford O. Irvin

11/17/2023

Rayford O. Irvin
District Director

EEOC Form 5 (11/09)

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		FEPA	
Texas Workforce Commission Civil Rights Division			
<i>State or local Agency, if any</i>			

forced to accept another position so I can have an income. This has caused me so much stress that I was hospitalized after a traumatic episode while in a hearing in Florida for my grievance. I had to travel at my own expense to try and get a resolution but without a resolve till this day. I missed and had to cancel needed doctors appointments due to no insurance coverage and currently payroll is not processed correctly. This is a bad situation for me in regard to time and payroll. I would like my original position as an Air Walker back. I would like my time corrected so I will have the necessary punches to reflect I was active. I would like to be made whole, I want my back pay and my health insurance restored. My co-worker Ed Johnson went on leave and was out for almost 2 -3 years and his job was still there.7)I believe I am being discriminated against based on my disability, denied a reasonable accommodation and retaliated against, in violation of the Americans with Disabilities Act (ADA) of 1990, as amended, and the ADA Amendments Act (ADAAA) of 2008, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – <i>When necessary for State and Local Agency Requirements</i>
I declare under penalty of perjury that the above is true and correct. Digitally Signed By: Ms. Jacqueline Quinn 01/18/2023 <i>Charging Party Signature</i>	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <i>(month, day, year)</i>